# Appendix A. Reviewers

Expert Area and Organization	Name	Home Institution		
Representatives of Professional Associations				
American Association for the Study of Liver Diseases (AASLD)	Henry C. Bodenheimer, Jr., MD	Mount Sinai School of Medicine		
The American College of Physicians- American Society of Internal Medicine (ACP-ASIM)	Harold Fallon, MD	National Academy of Science		
The American Academy of Pediatrics (AAP)	Samuel Kocoshis, MD	University of Cincinnati School of Medicine		
Infectious Diseases Society of America (IDSA)	David Oldach, MD	University of Maryland School of Medicine		
Other Clinical Experts				
Infectious diseases	John G. Bartlett	Johns Hopkins University School of Medicine		
Infectious disease nursing	Sherilyn Brinkley-Laughton, MSN	Johns Hopkins University School of Nursing		
Hepatology	Robert L Carithers Jr, MD	University of Washington, Seattle, WA		
Internal medicine and infectious diseases	Lawrence Deyton, MD MSPH	US Department of Veteran Affairs		
Adult hepatology	Lorna Dove, MD	Columbia University, New York		
Clinical epidemiology and program policy	Roger Gibson, PhD, DVM, MPH	United States Air Force, Richmond, VA		
Clinical epidemiology	Murray Krahn	University Health Network, Toronto, Canada		
Hepatology	Mark C Mitchell, MD	Carolinas Medical Center		
Pediatric hepatology	Kathleen Schwarz, MD	Johns Hopkins University, Baltimore, MD		
Hepatology, hepatitis C, intravenous drug abuse and methadone	Diana Sylvestre, MD	University of California, San Francisco, CA		
Methodologic Experts				
Developing best practice models for hepatitis C	Michael Chapko, PhD	Veterans Administration Health Services, Seattle, WA		
Outcomes researcher and decision analyst	Mark Fendrick, MD	University of Michigan Schools of Medicine and Public Health, Ann Arbor, MI		
Assessment of diagnostic technologies	Ben Littenberg, M.D.	University of Vermont		
Pharmaceutical assessment	John Ticehurst	Department of Pathology, Johns Hopkins University		

Expert Area and Organization	- Name I Home Institution		
Payor			
Division of medical items and devices, coverage and analysis group	John Whyte, MD MPH	Center for Medicare and Medicaid Services	
Consumer Representatives			
Hep C Connection	Anne Jesse	Founding Director	

# **Appendix B. Priority Journals for Handsearching**

Priority Journal Titles	Frequency
AIDS	every three weeks
Annals of Internal Medicine	semi-monthly
British Medical Journal	weekly
Clinical Infectious Diseases	semi-monthly
Gastroentrology	monthly
Hepatology	monthly
Journal of Infectious Diseases	semi-monthly
Journal of the American Medical Association	weekly
Lancet	weekly
New England Journal of Medicine	weekly

# Appendix C. Literature Search Strategy

## **PubMed Core Strategies**

## **Key Questions 1a-1e**

Name: Hepatitis C (Ques. 1a-1e)

Date and Time search last updated: 26-Sep-2001 12:59:03

Database: PubMed

Search: (hepatitis c, chronic[mh] OR hepatitis c[mh]) AND liver/pa AND (biopsy[mh] OR fibrosis[mh] OR liver function tests[mh]) NOT ("addresses"[Publication Type] OR "bibliography"[Publication Type] OR "classical article"[Publication Type] OR "clinical conference"[Publication Type] OR "consensus development "comment"[Publication Type] OR "consensus development conference"[Publication Type] OR "consensus development conference, nih"[Publication Type] OR "directory"[Publication Type] OR "duplicate publication Type] OR "directory"[Publication Type] OR "festschrift"[Publication Type] OR "historical article"[Publication Type] OR "interview"[Publication Type] OR "lectures"[Publication Type] OR "legal cases"[Publication Type] OR "letter"[Publication Type] OR "meeting report"[Publication Type] OR "news"[Publication Type] OR "newspaper article"[Publication Type] OR "overall"[Publication Type] OR "periodical index"[Publication Type] OR "periodical index"[Publication Type] Or "periodical index"[Publication Type] Or Type] Or "periodical index"[Publication Type] Or Type] Or Type] Or "periodical index"[Publication Type] Or Type] Or Type] Or Type] Or "periodical index"[Publication Type] Or Type]

Limits: Publication Date from 1996 to 2001, English, Human

## **Key Questions 2a-2c**

Name: Hepatitis C (Ques. 2a-2c)

Date and Time search last updated: 26-Sep-2001 11:44:42

Database: PubMed

Search: ("treatment outcome" [MESH] OR "disease progression" [MESH] OR "disease free survival" [MESH] OR "Carcinoma, Hepatocellular" [MESH] OR pregnancy [MESH] OR demography [MESH] OR "ethnic groups" [MESH] OR "immunologic factors" [MESH] OR "immunologic diseases" [MESH] OR immunosuppression [MESH] OR "organ transplantation" [MESH] OR "drug therapy/adverse effects" [MESH] OR "antiviral agents/adverse effects" [MESH] OR "antiviral agents/therapeutic use" [MESH] OR "mental disorders" [MESH] OR prisoners [MESH] OR institutionalization [MESH] OR Comorbidity [MESH] OR "liver diseases" [MESH] OR "kidney diseases" [MESH] OR genotype [MESH] OR "Drug Therapy, Combination" [MESH]) AND "hepatitis c, chronic/therapy" [MESH] NOT ("addresses" [Publication Type] OR "bibliography" [Publication Type] OR "clinical conference" [Publication Type] OR "congresses" [Publication Type] OR "congresses" [Publication Type] OR "congresses" [Publication Type] OR "congresses" [Publication Type] OR "congresses development conference" [Publication Type] OR "consensus development

conference, nih"[Publication Type] OR "dictionary"[Publication Type] OR "directory"[Publication Type] OR "duplicate publication"[Publication Type] OR "editorial"[Publication Type] OR "festschrift"[Publication Type] OR "historical article"[Publication Type] OR "interview"[Publication Type] OR "lectures"[Publication Type] OR "legal cases"[Publication Type] OR "letter"[Publication Type] OR "meeting report"[Publication Type] OR "news"[Publication Type] OR "newspaper article"[Publication Type] OR "periodical index"[Publication Type] OR "published erratum"[Publication Type] OR "retracted publication"[Publication Type])
Limits: Publication Date from 1996 to 2001, English, Human

## **Key Questions 3a&b**

Name: Hepatitis C (Ques. 3a-3b)

Date and Time search last updated: 26-Sep-2001 11:37:20

Database: PubMed

Search: hepatitis c, chronic[mh] AND hepatocellular carcinoma[mh] AND ( diagnosis[mh] OR diagnosis[sh] OR "biological markers" OR ultrasound OR "image interpretation, computer-assisted" OR "alpha-fetoproteins" OR "serologic tests" ) NOT ("addresses"[Publication Type] OR "bibliography"[Publication Type] OR "classical article"[Publication Type] OR "clinical conference"[Publication Type] OR "consensus development "conference"[Publication Type] OR "consensus development conference"[Publication Type] OR "consensus development conference, nih"[Publication Type] OR "dictionary"[Publication Type] OR "directory"[Publication Type] OR "duplicate publication"[Publication Type] OR "editorial"[Publication Type] OR "festschrift"[Publication Type] OR "lectures"[Publication Type] OR "legal cases"[Publication Type] OR "letter"[Publication Type] OR "meeting report"[Publication Type] OR "news"[Publication Type] OR "newspaper article"[Publication Type] OR "overall"[Publication Type] OR "periodical index"[Publication Type] OR "periodical index"[Publication Type] Or Type] Or "periodical index"[Publication Type] Or Type] Or Type] Or "periodical index"[Publication Type] Or Type] Or Type] Or Type] Or "periodical index"[Publication Type] Or Ty

Limits: Publication Date from 1996 to 2001, English, Human

# **Appendix D. Literature Abstract Review Form**

Record Nu	mber:	EPC Hepatitis C - A	Abstract Review	Reviewer:
First Abst	ract Review:	Abstract review Fo	orm:	Entered by:
Title:				
Do not review, be more)  1 = not in English 2 = does not include	ecause article (check	□1a) Does use chronic Hepatit	e of liver biopsy improve out	
3 = no original data 4 = no information re 5 = reports only basi 6 = does not apply to	elevant to management of I c science o one of our key questions (no full article for review)	epatitis C	ts of followup liver biopsies and outcomes of treatment?  the utility of liver biopsy to idents with Hepatitis C?  RC's all do non-invasive measures of the chronic Hepatitis C?  RC's afficacy of current treatment	RCT?  Identify concomitant liver T?  of fibrosis predict findings of T?  options for chronic Hepatitis C
	ny item above is checked e to next column and chec	RCT? □2b) See Q2a. □2c) What are subgroups? □ □3a) What is in chronic Hepa □3b) What are	e outcomes of treatment of clared RCT? the efficacy of screening tests atitis C?	s for HCC to improve outcome
	□ Reference	only	☐ Pediatric patients	

☐ Meta-analysis

☐ Systematic review

☐ Case report

# **Appendix E. Study Quality Review Form - Johns Hopkins Evidence-based Practice Center Hepatitis C Project**

Article ID#			
First author	1 <sup>st</sup> reviewer (initials)	2 <sup>nd</sup> reviewer (initials)	
Primary reasons fo	r exclusion: (Check all that apply)	)	
□ Not in English	☐ Reports only basic science		
☐ Does not include human data	□ No information relevant to		
☐ Does not apply to one of our key questions	☐ Meeting abstract (no full a		
☐ Other: (specify):	☐ All data reported in a subs	equent publication	
Additional exclusions per Key	Question refinements: (Check al	I that apply)	
☐ Addresses only KQ1d (Utility of liver biopsy for identification)	ifying concomitant liver disease)		
☐ Addresses KQ2a or c, except not a randomized control	led trial		
☐ Addresses only KQ2a, but only interferon alone without analysis of subgroups of interest (e.g., patients with renal disease or inability to take ribavirin)			
☐ Addresses only KQ2b (Extent of inclusion of patient subgroups in randomized controlled trials)			
☐ Addresses KQ2d, but has < 5 years (60 months) of foll	owup		
Study quality ex	xclusions: (Check all that apply)		
For all Questions			
☐ Outcomes were not measured using an app	ropriate <u>objective</u> <u>standards</u> .		
Objective Standards:			
For Q1b, c: Virologic and/or	histologic measures		
For Q1e: Liver biopsy with at least 1 cm length or 3 portal triads			
For Q2a, c, d: Virologic and/or histologic measures			
For Q3a: Histologic/pathologic evidence (in at least 50% of patients with abnormal screening tests, and			
at least 6 months of followup) and/or mortality			
For Q3b: Histologic/patholog	ic evidence		
$\Box$ Total study population < 30 (specify	y N:)		
For key questions 1b, 1c, 2a, 2c, and 3a			
$\square$ The planned length of followup wa	s less than 6 months		

# Does article address a Key Question? (Check all that apply)

Biopsy		
□ KQ1a: Deleted		
☐ KQ1b: How well do results of ini	tial liver biopsy predict measures of disease progression and treatment of	outcome?
☐ KQ1c: How are results of <b>follows</b>	ip liver biopsies related to measures of disease progression and treatmen	nt outcome?
□ KQ1d: Deleted		
□ KQ1e: How well do <b>non-invasiv</b> e	e measures of fibrosis predict the findings of liver biopsy?	
Treatment options		
☐ KQ2a: To what extent have rand	o mized controlled trials shown the efficacy and safety of current trea	atment options fo
chronic Hepatitis C (pegyla	ated interferon, interferon plus ribavarin, or interferon)?	
□ KQ2b: Deleted		
☐ KQ2c: According to randomized	controlled trials, what is the efficacy and safety of current treatment o	p tions for chronic
Hepatitis C in subgroups (e	e.g., by age, viral genotype, prior treatment status, or presence of cirrhosis	s, decompensated
liver disease, Hepatitis B, o	or HIV)?	
☐ KQ2d: What are the long term of	utcomes (≥5 years) of current treatment options for chronic Hepatitis C	
Screening tests		
☐ KQ3a: What is the efficacy of sc	reening tests for hepatocellular carcinoma to improve outcomes in chr	onic Hepatitis C?
☐ KQ3b: What are sensitivity, spe	cificity and predictive value of screening tests for detecting curable he	patocellular
carcinoma in Hepatitis C pa	atients?	
REPRESENTATIVENESS OF	STUDY POPULATION	
6. Did the study describe the s study?	setting and population from which the study sample was drawn, and	the dates of the
a. Adequate	(Setting AND population described AND start and end date specified)	2
b. Fair	(One or more of these NOT reported OR poor description)	1
c. Inadequate	(Not specified)	0
d. Not applicable		N/A
7. Were detailed inclusion/exc	clusion criteria provided?	
a. Adequate	(Detailed description of specific inclusion and exclusion criteria OR statement that all eligible patients enrolled)	2
b. Fair	(Some description, but would be difficult to replicate based on information provided)	1

c. Inadequate	(Minimal description or none at all)	0
d. Not applicable		N/A
8. Was information provided or	n excluded or not participating patients?	
a. Adequate	(All reasons for exclusion AND # excluded OR no exclusions)	2
b. Fair	(Only one of above criteria specified or information not sufficient to allow replication)	1
c. Inadequate	(None of the above criteria specified)	0
d. Not applicable		N/A
patients with, for example, deco		only elderly
a. Adequate	(Wide range of age AND wide range in severity of disease)	2
b. Fair	(Wide range of age OR wide range in severity of disease)	1
c. Inadequate	(Neither)	0
10. Does the study describe key	patient characteristics at enrollment?	
Demographics: age; gen	nder	
Hepatitis C Features: go	enotype; degree of fibrosis or cirrhosis; minimal or decompensated liv	ver disease
a. Adequate	(Demographic and Hepatitis C features well described)	2
b. Fair	(Only demographics well described)	1
c. Inadequate	(No key patient characteristics well described)	0
d. Not applicable		N/A
BIAS AND CONFOUNDING  Item 11 for key questions 2a, 2c,		<u>POINTS</u>
11. Was assignment of patients		_
a. Yes	(Investigators could not predict assignment)	2
b. Partial	(Date of birth, admission date, hospital record number, or other non-random scheme for assignment OR did not state method of randomization)	1
c. Not randomized		0
d. Unclear		0
e. Not applicable		N/A

#### Item 12 for key questions 2a, 2c, 2d, and 3a

## 12. Did the patient groups have any important differences on key patient characteristics?

Demographics: age; gender

Hepatitis C Features: e.g., genotype, degree of fibrosis or cirrhosis, minimal or decompensated liver disease

a.	Groups equivalent in all factors examined	2
b.	Groups have minor difference in 1 or 2 factors	1.5
c.	Groups have an important difference in one or more factors OR minor differences in more than 2 factors	1
d.	Analysis not done	0
e.	Not applicable	N/A

#### Item 13 for key questions 2a, 2b, 2d, and 3a

#### 13. Was there blinding of clinicians, patients, and outcome assessors?

a. Excellent	(All three blinded, including all treatment arms)	2
b. Good	(Only 2 of the 3 blinded, or some but not all of the arms blinded in all 3 ways)	1.5
c. Fair	(Only 1 of the 3 blinded)	1
d. Poor	(No blinding or not stated)	0
e. Not applicable		N/A

#### Item 14 for key questions 1b, 1c, 1e, 3b

14. Was there an independent blind comparison with a reference standard (i.e., virologic/histologic evidence for 1b or c, histologic evidence for 1e, and histologic/pathologic evidence for 3b) at initial assessment and a blinded assessment or follow up?

a. Adequate	(Independent AND blind)	2
b. Fair	(Independent OR blind)	1
c. Inadequate	(Neither)	0
d. Not applicable		N/A

#### **DESCRIPTION OF THERAPY/MANAGEMENT**

#### Item 15 for key question 1 only

#### 15. Did the study describe the technique and size of the liver biopsy?

**Technique:** Percutaneous transhepatic or transjugular **Sample size:** Length and/or number of portal triads

a. Adequate	(BOTH characteristics described)	2
b. Fair	(ONE characteristic described)	1
c. Inadequate	(NEITHER described)	0
d. Not applicable		N/A

#### Item 16 for key question 2 only

#### 16. Did the study describe details of the treatment regimen?

a. Adequate	(Name of drugs, dose, AND duration described)	2
b. Inadequate	(One of more of above NOT described)	0
c. Not applicable		N/A

#### Item 17 for key question 3 only

#### 17. Did the study describe details of the screening test(s)?

a. Adequate	(Exact type of test AND frequency of test described)	2
b. Fair	(Exact type of test OR frequency of test described)	1
c. Inadequate	(Neither described)	0
d. Not applicable		N/A

#### Item 18 for key questions 2a, 2c, 2d, and 3a

## 18. Was there a description of other treatments and tests given to each study group?

Other treatments: Anti-retroviral drugs, antidepressants, erythropoietin, granulocyte colony stimulating factor, etc. Other tests: Serologic, virologic, radiologic, etc.

a. Adequate	(Other treatments and tests fully described)	2
b. Fair	(Some description, but information not sufficient to allow replication)	1
c. Inadequate	(Not described or not mentioned)	0
d. Not applicable		N/A

#### OUTCOMES AND FOLLOWUP

19. Did the study describe complications, side effects, and adverse reactions experienced by patients	19. Did the	study describe c	om plications,	side effects, a	nd adverse	reactions ex	xperienced by pation	ents?
---	-------------	------------------	----------------	-----------------	------------	--------------	----------------------	-------

Biopsy: Pain, bleeding, infection, death

Treatment: Depression, thyroid dysfunction, cytopenia, portal hypertension

Screening: Contrast reactions, procedure complications

a.	Adequate	(Complications.	side effects,	AND adverse	reactions described	2

fully)

b. Fair (Complications, side effects, OR adverse reactions mentioned,

but NOT described fully)

c. Inadequate (Complications, side effects, AND adverse reactions NOT

mentioned)

d. Not applicable N/A

#### 20. Was there a description of the criteria for determining outcomes?

<ul> <li>a. Adequate</li> </ul>	(Clear definitions of each outcome A ND exact techniques to	2
---------------------------------	---	---

assess the outcome)

b. Fair (Some description, but information not sufficient to allow

replication)

c. Inadequate (No information provided) 0

d. Not applicable N/A

#### 21. No item 21

# 22. Did the study report the numbers of and reasons for withdraw als from the study protocol or patients otherwise lost to

## follow-up?

a. Numbers and reasons reported	(or no withdrawals)	2
---------------------------------	---------------------	---

b. Only numbers OR reasons reported 1

c. Neither given 0

d. Not applicable

# 23. What was the greatest percentage of patients in a treatment/screening study group that withdrew from the study protocolor were lost to follow-up?

a. None	2

b. < 10%

c. 10 - 20%

d. >20%

e. Not stated 0

f. Not applicable N/A

1

0

1

## Item 24 for key questions 1b, 1c, 2a, 2c, 2d, and 3a

#### 24. What was the planned length of followup?

a. > 5 years	2
b. 1-5 years	1.5
c. 6 - 11 months	1
d. 0 - 5 months	0
e. Not applicable (key question 1e and 3b)	N/A

#### STATISTICAL QUALITY AND INTERPRETATION

# 25. For primary endpoints, did the study report the magnitude of difference between groups (or magnitude of association

between key variables) AND an index of variability (e.g., test statistic, p value, standard error, confidence interval)?

a. Adequate	(Both reported, with standard error or confidence intervals as index of variability)	2
b. Fair	(Both reported, with only test statistic or $p$ value as index of variability)	1
c. Inadequate	(No information given)	0
d. Not applicable		N/A

## 26. Was the statistical test for all analyses clearly identified?

a. Adequate	(Identified for all analyses)	2
b. Fair	(Identified for some of the analyses)	1
c. Inadequate	(Not identified)	0
d. Not applicable		N/A

#### Item 27 for key questions 2a, 2c, 2d, and 3a

# 27. If groups were not comparable at study onset, was there adjustment for potential confounders with multivariate or stratified analyses AND were confounders coded in a way to make such control adequate?

a. Adequate	(Adjustment AND confounders appropriately coded)	2
b. Fair	(Adjustment BUT confounders not coded appropriately OR coding unclear)	1
c. Inadequate	(No adjustment OR not mentioned)	0
d. Not applicable		N/A

## 28. Were withdraw als, crossovers, and loss to follow-up handled appropriately in analysis? 2 a. No loss to followup, withdrawals, or crossovers b. Sensitivity analysis 2 c. By intention to treat/screen d. By 'intervention received' analysis only e. By none of the above 0 f. Unknown 0 g. Not applicable N/A CONFLICT OF INTEREST 29. Did the study report identify the source of funding and the type and degree of involvement of the funding agency?

(Source only)

(Neither)

a. Adequate

c. Inadequate

d. Not applicable

b. Fair

THANK YOU for your time and attention to completing this work.

Please return completed form to Mollie.

(Source AND type or degree of involvement OR no funding)

2

1

0

N/A